



**ASSOCIATED
ADMINISTRATORS, INC.**

**King County FSA
Status Change Form**

Participant Information

Employee Name _____

Social Security Number _____

Type of Change (Check appropriate boxes and complete related sections.)

☐ Qualified Status Change

☐ Work Phone Number Change

☐ Name Change

☐ Address Change

Personal Information Change

Name Change _____ to _____
Old Name New Name

New Address _____
Street/PO Box Apt. # City State ZIP

New Work Phone Number _____
Area Code Phone Number

Qualified Status Change*

Describe type of change _____
Birth, Adoption, Marriage, Unpaid Leave of Absence, Etc.

From \$ _____/Pay Period To \$ _____/Pay Period **Health Care FSA**

From \$ _____/Pay Period To \$ _____/Pay Period **Dependent Care FSA**

From \$ _____/Pay Period To \$ _____/Pay Period **Group Insurance Premiums**

Effective Date of Change _____

*** Consistency Rule: IRS rules allow revocation of plan coverage and a new election for the remaining portion of the calendar year only if the election change is consistent with the status change.**

Authorization

Employee Signature _____ Date _____

Employer Authorization _____ Date _____

Submit your completed form to :

King County Benefits & Well-Being

Yesler Building YES-HR-0500

400 Yesler Way, Seattle WA 98104-2683

Fax 206.684.1925 ✉ Phone 206.684.1556 ✉ E-mail kc.benefits@metrokc.gov